

CHAPTER 13 PLAN

Case No.: 10-71315

Debtor(s): Latasha Latrice Crawford SS#: xxx-xx-9144 Net Monthly Earnings: 1823.00
 _____ SS#: _____ Number of Dependents: 3

I. Plan Payments:

(☒) Debtor(s) propose to pay direct a total of \$ 78.00 ☐ weekly ☐ bi-weekly ☐ semi-monthly ☒ monthly into the plan; or
 (☐) Payroll deduction Order: To _____ for
 \$ _____ ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly.

Length of plan is approximately 36 months, and the total amount of debt to be distributed by the Trustee is approximately \$ 0.00.

II. From the payments received, the trustee shall make disbursements pursuant to the Bankruptcy Code including:

A. PRIORITY CLAIMS (INCLUDING ADMINISTRATIVE EXPENSES AND SUPPORT) [See § 1322(a)(2)]

The following priority claims, if allowed, will be paid in full unless creditor agrees otherwise:

CREDITOR	TYPE OF PRIORITY	SCHEDULED AMOUNT	MONTHLY PAYMENT
-NONE-			

B. Total Attorney Fee: \$ 2,000.00 ; \$ 0.00 paid pre-petition; \$ 0.00 to be paid at confirmation and \$ 60.00 per month.

C. The holder of each SECURED claim shall retain the lien securing such claim until a discharge is granted and such claim shall be paid in full with 5% interest in deferred cash payments as follows:

1. Long Term Debts:

Name of Creditor	Total Amount of Debt	Amount of regular payment to be paid	Regular Payments to begin: Month/Year	Arrears to be paid by Trustee	Months included in arrearage amount	Proposed Interest Rate on Arrearage	Proposed Fixed Payment on Arrearage
-NONE-		by Trustee by Debtor					

2. Secured Debts (not long term debts) to be paid through Trustee:

Name of Creditor	Adequate Protection Payments	Total Amount of Debt	Debtor's Value	Unsecured Portion	Description of Collateral	Proposed Interest Rate	Proposed fixed Payments	Fixed Payment to Begin
-NONE-								

III. Other debts (not shown in 1 or 2 above) which Debtor(s) propose to pay direct:

Name of Creditor	Total Amount of Debt	Amount of Regular Payment	Description of Collateral	Reason for Direct Payment
-NONE-				

IV. Special Provisions:

- ☒ This is an original plan.
☐ This is an amended plan replacing plan dated ____.
☒ This plan proposes to pay unsecured creditors 0 %.
☐ Other Provisions:

Attorney for Debtor Name/Address/Telephone #

Anne Wilson Guthrie

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Tuscaloosa, AL 35401

Telephone # 205-349-2330

Date June 4, 2010

/s/ Latasha Latrice Crawford

Latasha Latrice Crawford

Signature of Debtor